Reproductive health and women development

Santé reproductive et développement personnel des femmes

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Abstract: Reproductive health (RH) includes; the use of effective contraception, quality antenatal care, clean safe delivery including emergency obstetric care, and quality care for infants as a critical component of human capital. There is a relationship between reproductive health and the three important areas of human capital development, which include: Do healthier women with fewer children invest more in human capital? Do women participate more in the labour market? Does better RH increase women's ability to earn and save more and thus help them and their families to escape poverty? To improve reproductive health, barriers that limit access to quality maternal health services must be identified and addressed at all levels of the health system. The cornerstone to a reduction in maternal mortality is a comprehensive approach from pre-pregnancy, where family planning services must be available to all women, adolescent girls, and quality care during labour and delivery.

Résumé : La santé reproductive (SR) comprend l'utilisation d'une contraception efficace, de soins prénatals de qualité, un accouchement sans risque, y compris des soins obstétriques d'urgence, et des soins de qualité pour les nourrissons en tant que composante essentielle du capital humain. Il existe un lien entre la santé reproductive et les trois domaines importants du développement du capital humain, à savoir : les femmes en meilleure santé ayant moins d'enfants investissent-elles davantage dans le capital humain ? Les femmes participent-elles davantage au marché du travail ? Une meilleure SR augmente-t-elle la capacité des femmes à gagner et à épargner davantage et les aide-t-elle ainsi, elles et leurs familles, à échapper à la pauvreté ? Pour améliorer la santé en matière de procréation, les obstacles qui limitent l'accès à des services de santé maternelle de qualité doivent être identifiés et éliminés à tous les niveaux du système de santé. La pierre angulaire de la réduction de la mortalité maternelle est une approche globale depuis la pré-grossesse, où les services de planification familiale doivent être disponibles pour toutes les femmes, les adolescents, et des soins de qualité pendant le travail et l'accouchement.

1 Introduction

Reproductive health (RH) is defined as the use of effective contraception, quality antenatal care, clean and safe delivery including emergency obstetric care, and quality care for infants as a critical component of human capital. Thus nations and families must invest more resources in health [1], [2].

There is a relationship between reproductive health and the three important areas of human capital development, which include; Do healthier women with fewer children invest more in human capital? Do women participate more in the labour market? Does better RH increase women's ability to earn and save more and thus help them and their families to escape poverty [3], [4]?

2 Reproductive health and human capital

Women who have better reproductive health status tend to invest more resources in their own and their children's health, education and future productivity, and, as a result: life expectancy is increased, access to FP services contributes to the reduction in fertility, creating an opportunity for women to invest more in education, women's own health and their children's improve, maternal morbidity and mortality decrease, it lowers child morbidity and mortality, and it improves children's nutrition as well as their cognitive development.

3 Reproductive health and labour-force participation

Low fertility and improved reproductive health can affect labour participation by helping women to better control the timing and number of births; timing and planning child bearing help to redirect resources towards schooling, jobs and training.

4 Reproductive health and income/assets

Declining fertility and improved reproductive health ultimately have a positive impact on income growth and asset accumulation at both household and country level. Healthier people work more and are physically and cognitively stronger, hence more productive. Healthier people live longer, hence have more opportunities to benefit economically from human capital investment, the so called "health-wealth" hypothesis.

5 Global Strategy for ending preventable maternal mortality

Maternal mortality has been a major concern of a number of international meetings, including : Millennium Development with the main objectives of : Addressing inequalities in access to and quality of reproductive, maternal, and newborn health care services; ensuring universal health coverage for comprehensive reproductive, maternal, and newborn health care; addressing all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities; strengthening health systems to respond to the needs and priorities of women and girls; ensuring accountability in

order to improve quality of care and equity; ensuring universal health coverage for comprehensive reproductive, maternal, and newborn health care.

The reproductive and child health services should be provided under continuum of care. The continuum of care for reproductive, maternal, new-born and child health includes integrated services delivery to mothers and children from pre-pregnancy, during labour and delivery, immediate postpartum period and childhood. Such care is provided by families, communities and health-care facilities. The continuum of care recognizes that safe child birth is critical to health of both the mother and the new-born, and that a healthy start in life is an essential step towards a sound childhood and productive life. Continuum of care helps providers to identify ways of coordinating and linking resources to avoid duplication and facilitate seamless movement among health care settings. Mothers and new-borns are inseparably linked in life and health care needs [5].

6 Most important

It should be noted that, to improve reproductive health, barriers that limit access to quality maternal health services must be identified and addressed at all levels of the health system. The cornerstone to reduction in maternal mortality is a comprehensive approach from pre-pregnancy, where family planning services must be available to all women and adolescent girls, to quality care during labour and delivery including availability of Emergency Obstetric and Newborn care services, which must be available 24 hours a day, seven days a week. Postpartum care and post-abortion care services are equally important, they should be available timely and of good quality to all those who need them. All these build on a foundation of availability of basic maternity care, universal health coverage and equity for women [5].

References

[1] Tanzania Reproductive, Maternal, Newborn and Child health strategic plan 2016-2020

[3] Quality, Equity, Dignity, A Network for Improving Quality of Care for Maternal, Newborn and Child Health. World Reproductive Health Library (RHL) https://online library.ac.uk

[4] Tanzania: population, reproductive health and development, population planning section, president office, Planning commission 2002

[5] United Republic of Tanzania- ratio of population aged 0-14 and 65+ per 100 population 15- 64 – 2018

[6] Tanzania Learning resource package for comprehensive emergency obstetric and newborn care (CEMONC), 2015 Ministry of Health, Community Development, Gender, Elderly and Children. Dar es salaam, Tanzania.